



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

4. Of the most prevalent contagious diseases such as tuberculosis, syphilis and gonorrhœa; their danger to every person indicated by statistics; their many methods of communication, including the fact that syphilis and gonorrhœa exist almost universally among those who lead immoral lives, a reason for avoiding such men and women as one avoids those with diphtheria and small-pox; that they are more difficult to cure than other diseases, contagious, and their harm is more far-reaching.

5. Of the normal phenomena of adolescence; the physiological influence on health, minds and morals of clean thoughts, reading, conversation, entertainments and companions; the value of occupation and physical exercise in keeping thoughts and habits pure and preserving good health.

Every girl has a claim to instruction concerning the hygiene of menstruation, the function and sacredness of motherhood and the care of infants.

Every boy has a claim to instruction concerning the value of continence and avoidance of ignorant and evil advisers in this matter, of the sacredness of fatherhood and the duty of protection of all girls and women from evil as he would protect his sister or mother.

It was recently written that "It is a cardinal sin to allow a son to reach manhood years without knowing all that pertains to good, pure, refined womanhood—all that chastity, wifehood and motherhood means to a woman." But we may say that it is also a cardinal sin to allow a daughter to grow up and blossom into womanhood without knowing all that she should know as a woman, as a prospective wife, and future mother.

(To be continued)

THE CAUSES AND SYMPTOMS OF HEADACHES

By ANNE E. PERKINS, M.D.

SURELY no one symptom is so frequently complained of to the physician as headache. It is found in almost every case of impaired health, whether functional or organic, acute or chronic. It introduces all infectious and toxic diseases. It has been said to be also "a current conventional lie," "a mendacious excuse," in social life. If any woman does not wish to receive a caller or pay an unwelcome visit, she "has a headache" which there is no gainsaying. Headache has been defined as a periodical agony, the burden of suffering of civilized people. And yet, in spite of its extreme commonness of occurrence, the thorough

study of a case of headache is often one of the most difficult problems encountered in medical practice. Loomis says it is a symptom of exceedingly difficult interpretation. Too often the idea is to relieve *pain* rather than to seek the underlying cause, which should be persistently studied in each case, as it may be obscure and complex in origin, but none the less of great importance. Headache is productive of so much suffering, ranging all the way from annoyance and slight discomfort to agony, that its treatment has suggested more remedies than any other common illness. These range from scientific, ethical measures to non-ethical or quack drugs, often exceedingly dangerous in the hands of uninstructed patients, as witness the frequent deaths from headache nostrums and powders containing coal-tar products. The number of lives sacrificed owing to cerebral syphilis and nephritis untreated except by patent medicines and headache powders or tablets will never be known, and many die from the depressant effect of acetanilide, etc., on the heart. A patient who is taking potassium iodide for syphilitic headaches not infrequently proffers it to a friend, as having helped her headache, and likely to do good to any one else! A strong plethoric individual ignorantly passes on tablets to a person suffering from serious heart disease; children pick up samples thrown in doorways and die from the depressant coal-tar products contained therein. Anyone may go to a drug-store and ask for "something for a headache," to be given these indiscriminately, regardless of cause, age or physical condition. Headache is a *symptom*, not a disease, a local or diffuse pain in the head, more likely to be in certain locations from certain causes. Some oculists claim that as high as 90 per cent. are from eye-strain, a reflex in persons who need glasses or are wearing improperly-fitting glasses. Allowing for the bias of specialists, we must still admit that the great majority are due to eye-strain, when often not suspected by the patient. Often a patient is very derisive if referred to an oculist by the general practitioner, saying his eyes are all right, as he can see perfectly.

Every physician nowadays, however, takes advantage of an examination to aid him in the treatment of recurrent or persistent headache. Though no doubt oculists over-estimate errors of refraction and astigmatism as a cause, it is often the only cause or, associated with others, one of many causes. The ocular headache may be periodic and resemble migraine, with pain over one or both eyes. If there is a clean tongue, persistent pain over eyes, no constipation, relief only temporary, by use of drugs and resting eyes, and the headache comes on after using the eyes, the chances are the person needs glasses continually. Toms found in an examination of 1280 cases that 90 per cent. had ocular defects, 600 unsuspected. Of these, 80 per cent. had headaches of ocular

origin, 15 per cent. had migraine, half of 1 per cent. had chronic nephritis, 20 per cent. had gastro intestinal or hepatic functional derangements benefited by correcting eye-strain. Half the so-called "bilious" or sick-headaches are caused by eye-strain and 75 per cent. of them are benefited by glasses. If a patient has begun to have headaches at forty or even twenty-five years of age, it may be the power of accommodation is failing, and often eyes with considerable visual defect will produce no symptoms as long as a person is in good general health, but when an illness, operation, or nervous strain intervenes, there is no longer compensation for these errors and the trouble then manifests itself, though it had perhaps long existed. Many elderly people, as well as younger ones, through mistaken pride or for some inexplicable reason, will not wear glasses constantly, though ordered to do so, discarding them except for reading or close work, and suffer from headaches which are referred variously to the "change of life" or overwork.

Small errors of refraction produce more headache because nature keeps up the effort to overcome small errors, while large ones are recognized. Someone has pointed out that eyes are not necessarily growing worse, as is so often said, on account of the number of school children using glasses, but defects are being discovered and corrected. People, especially those who read little, used to wear glasses only late in life, when darning socks, for sewing or near work, and go without at other times. The headache of eye-strain may occur at any time in any part of the head, not necessarily over the eyes or after using them much, and it very often causes nausea and dyspeptic symptoms, without any actual trouble in the stomach. We must recognize eye-strain, then, as a very important cause, but not the only one; though few can hold as extreme views regarding it as Dr. Gould in his well-known articles.

That vague and unscientific term "biliousness" was for years considered the cause of most headaches. Just what "biliousness" is would be hard to determine, but the headaches attributed to it are often due to too rich or indigestible food, acid fruits or berries and lack of exercise. These are accompanied often by an excessive acidity, pain over the vertex, intense over one or both eyes, with fulness, throbbing, vertigo, blurred vision and acid eructations, scanty urine, and perhaps constipation, nausea, vomiting, depression. These are relieved by abstention from food, drinking hot water, or inducing vomiting by warm water containing a little salt or mustard, and a saline purge. The diet must be regulated or they will recur frequently. This gastro-hepatic headache occurs after heavy Sunday dinners, when people have sat around all day, eating most of the time, without exercise, and perhaps over-sleeping in the morning.

The person feels irritable and much prostrated. Over-indulgence in candy often causes it; eating a cold lunch or unwonted articles; exposure to very hot sun all day at a picnic or seashore. It is often easy to trace the cause to some special article of food, as baked beans in those sections where they are a routine article of food for Saturday evening or Sunday morning.

Berries that are over-ripe or not perfectly fresh are a frequent cause of this kind of headache. Chronic appendicitis, gall-stones, chronic gastric or intestinal disorders may all induce severe headaches.

Constipation, from its toxins, is an extremely common cause of headache, which may be almost constant, of a dull, heavy type, or recur at intervals and be considered a regular migraine; tongue furred, breath offensive, liver sluggish, and bowels constipated, complexion pale, slightly jaundiced.

This calls for salines or small doses of calomel, a cutting off of meat and too rich foods and alcoholics, increase in exercise, etc., but is not relieved by headache powders. It is common in sedentary people, who very likely over-eat, overloading their excretory organs, and walk almost none. It comes on in the morning, increasing in severity. These headaches demonstrate, as has been shown by Fletcher and Chittenden, that people eat about twice as much as they need, and often do not adapt their diet to their work. Open-air life improves this and all other classes of headache—keeping the windows open night and day in the office and home is of great benefit. Walking to and from work and drinking more water also helps. “Eat less, chew more, ride less, walk more.”

Close mental application added to sedentary habits produces irritability, tension, and headache, which commences soon after rising and is worse through the day, better by evening or after sleep, worse from coffee, light and noise, wine or tobacco.

The headache *from poor ventilation* is seen where people sit all day in a close office or room, especially if coal or wood fire and kerosene or gas are used, or from the theatre, church, etc., where the poisonous gases enter the lungs and circulation. Dr. Grenfell has again appealed, through the *Outlook*, for air in halls and churches.

People often faint or go out with severe headaches, which are almost immediately relieved by fresh air. How often one hears someone exclaim in coming out of theatres and halls, “How good this air is!” If a person suffering with this kind of a headache can be persuaded to go for a walk, he will be rid of it.

(To be continued)